

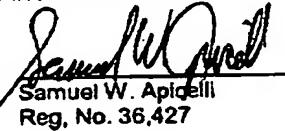
JUN 08 2005

RECEIVED

CENTRAL FAX CENTER

CERTIFICATE OF FACSIMILE TRANSMISSION 37 C.F.R. 1.6 &1.8  
 I CERTIFY THAT THIS CORRESPONDENCE IS BEING TRANSMITTED BY FACSIMILE TO THE PATENT  
 AND TRADEMARK OFFICE ON THE DATE AND TO THE NUMBER SHOWN BELOW. FAX. NO. 703-872-  
 9306 COMPRISING FIFTEEN (15) SHEETS INCLUDING THIS PAGE.

Date:

June 8, 2005
  
 Samuel W. Apicelli  
 Reg. No. 36,427
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	10/705,694
Applicant	:	Leroy A. Johnson
Filed	:	11/10/2003
Title	:	ASYMMETRICALLY ACCELERATED VIBRATOR FOR FEEDING MATERIALS
TC/A.U.	:	3745
Examiner	:	Leslie, Michael S.
Docket No.	:	D4984-00017

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

## AMENDMENT

Sir:

In response to the Office Action of March 15, 2005, please amend the  
 above-identified application as follows:

**Amendments to the Claims are reflected in the listing of claims which  
 begins on page 2 of this paper.**

**Remarks/Arguments begin on page 12 of this paper.**

Page 1 of 14

 10705694  
 06/15/2005 WASHNG 000001 041679  
 01 FC:2201 100.00 DA

Post Available Copy

10/705694

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

D4984-00017

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	<u>28</u>	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	<u>28</u> minus 20 = * <u>8</u>	
INDEPENDENT CLAIMS	<u>3</u> minus 3 = * <u>0</u>	
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	385.00	OR BASIC FEE	770.00
X\$ 9=	<u>72.00</u>	OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL	<u>457.00</u>	OR TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <u>27</u>	Minus	** <u>28</u>	=
Independent	* <u>4</u>	Minus	*** <u>3</u>	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=	<u>100</u>	OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE	<u>100</u>	OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <u></u>	Minus	** <u></u>	=
Independent	* <u></u>	Minus	*** <u></u>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* <u></u>	Minus	** <u></u>	=
Independent	* <u></u>	Minus	*** <u></u>	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X43=		OR X86=	
+145=		OR +290=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.